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Bib Data Sheet

**CONFIRMATION NO. 8380** 

| SERIAL NUMBER<br>10/510,330  | FILING OR 371(c)  | C         | CLASS GROUP A<br>198 365      |                        | UP AR1<br>3651                 |                      |  | ATTORNEY<br>OCKET NO.<br>1429-143 |  |
|--|---|-----------|-------------------------------|------------------------|--------------------------------|----------------------|--|-----------------------------------|--|
| APPLICANTS   |   |           |                               |                        |                                |                      |  |                                   |  |
| Zmaj Petrovic, N   | /lundolsheim, FRANCE  | ;         |                               |                        |                                |                      |  |                                   |  |
| ** CONTINUING DATA   | · ************************************                                | *         |                               |                        |                                |                      |  |                                   |  |
| This application   | is a 371 of PCT/FR03/   | 01148 04  | 4/11/2003                     |                        |                                |                      |  |                                   |  |
| <br>** FOREIGN APPLIC <i>A</i>   | ATIONS ***********  | ***       |                               |                        |                                |                      |  |                                   |  |
| FRANCE 02/04   | 592 04/12/2002  |           |                               |                        |                                |                      |  |                                   |  |
| ** SMALL ENTITY **   |   |           |                               |                        |                                |                      |  |                                   |  |
| Foreign Priority claimed yes no  35 USC 119 (a-d) conditions yes no Met after Allowance  Verified and Acknowledged Examiner's Signature Initials |   |           | STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWING<br>1 |                                | TOTAL<br>CLAIMS<br>3 |  | INDEPENDENT<br>CLAIMS<br>1        |  |
| ADDRESS<br>24106   |   |           |                               |                        |                                |                      |  |                                   |  |
| TITLE  |   |           |                               |                        |                                |                      |  |                                   |  |
| Conveyor unit with acc   | umulation of receptacle   | es such a | as bottles                    |                        |                                |                      |  |                                   |  |
| ·  | S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT |           |                               |                        | ☐ All Fees                     |                      |  |                                   |  |
| RECEIVED No  |   |           |                               |                        |                                | 1.16 Fees (Filing)   |  |                                   |  |
|  |   |           |                               |                        | 1.17 Fees ( Processing Ext. of |                      |  |                                   |  |
|  |   |           |                               | time)                  |                                |                      |  |                                   |  |
| 540 No   | for following:  |           |                               | 1.18 Fees (Issue)      |                                |                      |  |                                   |  |
|  |   |           |                               | Other                  |                                |                      |  |                                   |  |
|  |   |           | ☐ Credit                      |                        |                                |                      |  |                                   |  |